

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51	/	
2		/					52	/	
3		/					53		
4		/					54	/	
5		/					55	/	
6		/					56	/	
7		/					57	/	
8		/					58	/	
9		/					59	/	
10		/					60		
11		/					61	/	
12		/					62		
13		/					63	/	
14		/					64	/	
15		/					65	/	
16		/					66	/	
17		/					67	2	
18		/					68	2	
19		/					69	/	
20		/					70	/	
21		/					71	/	
22		/					72	/	
23		/					73	/	
24		/					74	/	
25		/					75	/	
26		/					76	/	
27		/					77	/	
28		/					78	/	
29		/					79	/	
30		/					80	/	
31		/					81	/	
32		/					82		
33		/					83		
34	/						84		
35		/					85		
36		/					86		
37	/						87		
38		/					88		
39		/					89		
40		/					90		
41	/						91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48		/					98		
49		/					99		
50		/					100		
TOTAL IND.	←		←		←		TOTAL IND.	←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←	